

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39662

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No.

75

Primary Registration District No.

3015

Registrar's No.

120

1. PLACE OF DEATH a. COUNTY <b>Clinton</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cameron</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cameron Hospital</b> Length of stay in lb <b>8 hrs.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b> c. CITY OR TOWN <b>Breckenridge</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>3 mi. NW Breckenridge</b> (If outside, give location) <b>0130</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>A.</b> Last <b>SCHRIVER</b>				4. DATE OF DEATH <b>12/3/57</b> Month <b>12</b> Day <b>3</b> Year <b>57</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>5/23/1902</b> 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeper</b>		11. BIRTHPLACE (City and state or country) <b>Eau Claire, Wis.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Peter Olson</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>R. O. Schriver, Breckenridge, Mo.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>331X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>12 year</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Dec. 1954</b> to <b>Dec. 1957</b> and last saw him alive on <b>Dec. 3, 1957</b> Death occurred at <b>103</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Howard Lester M.D.</b>				22b. ADDRESS <b>Hamilton, Mo</b>		22c. DATE SIGNED <b>Dec. 4, 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE. <b>12/5/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Achland Comotory</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Michael Funeral Home, Braymor, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>12-5-57</b>		26. REGISTRAR'S SIGNATURE <b>Francis D. Crawford</b>	

8561 9 834

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
~~working under my personal supervision..~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*Geneb, Michael*

Licensed Embalmer No. *434*

P. O. Address *Braymer,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.